

CQC Inspection Findings – RUH Bath

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Background

- The CQC carried out an inspection of the Royal United Hospitals Bath NHS Foundation Trust in March 2016
- Inspection report based on:
 - Data from local Clinical Commissioning
 Groups and Monitor (now NHS Improvement)
 - Findings from the inspection observations, discussions with staff, patients, relatives
 - Data held by the CQC including from the Provider Information Requests

Our ratings for Royal United Hospital Bath

	Safe	Effective	Caring	Responsive	Well-led	Overall	
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement	
Maternity (community services)	Good	Requires improvement	Good	Good	Good	Good	
Medical care	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement	
Surgery	Good	Good	Good	Requires improvement	Good	Good	
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement	
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good	
Services for children and young people	Good	Good	Outstanding	Good	Good	Good	
End of life care	Good	Good	Outstanding	Outstanding	Good	Outstanding	
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good	
Overall	Requires improvement	Good	Outstanding	Requires improvement	Good	Requires improvement	
Our ratings for Royal National Hospital for Rheumatic Diseases							
	Safe	Effective	Caring	Responsive	Well-led	Overall	
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement	
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good	
Overall	Requires	Good	Good	Requires	Requires	Requires	



Summary of ratings

- Inspection report highlights many areas of good and outstanding practice:
 - End of life care and the caring domain rated as 'outstanding'
 - Leadership, governance and safety culture promoting high quality person-centred care
 - Good coordination of care
- Of the 53 indicators represented by the core services and CQC domains:
 - 3 rated as 'outstanding'
 - 36 rated as 'good'
 - 14 rated as 'requires improvement'



Areas for improvement

- Some areas for improvement identified including:
 - Staffing levels
 - Pressures in urgent and emergency care
 - Patient flow
- The main areas for improvement relate to Urgent and Emergency Services, Medical Care and Critical Care
- An improvement plan is being implemented to address the areas of concern identified by the CQC



Urgent & Emergency Services

Requires improvement	Actions taken / planned		
Reporting on triage of self- presenting patients	 Report added to the daily validation report Continue training in use of the Manchester Triage tool 		
Record keeping including pain assessments and early warning score	 Nursing documentation reviewed and checklist introduced Further NEWS training Regular auditing 		
Nurse staffing levels	 Staffing levels reviewed including skill mix Continue proactive recruitment to vacancies 		
Ensure all staff are up to date with mandatory training	 Electronic staff record amended to reflect correct staff groups in training reports Monthly review of training by Clinical Lead and Matron 		



Critical Care

Requires improvement	Actions taken / planned		
Delayed discharges to wards and discharges at night	Working group established to identify themes and lead actions		
Review of equipment to ensure all maintenance and servicing is up to date	 Equipment spreadsheet created to monitor servicing Daily checklist for checking of equipment 		
Employment of Critical Care Matron & nursing levels	 Matron appointed and commenced in post Protecting the admitting nurse & nurse in charge status Business Case to be submitted (2nd Supervisory Nurse) 		
Storage and checking of medicines	 New Digi Lock fridge & digilocks to the drug cupboards Adaptions to resus trolleys to be tamper compliant. 		
Cleanliness	 Declutter, deep clean & afternoon cleaning hours Weekly dual cleaning audits (domestic & nursing) 		
Incident reporting – staff awareness, reporting and feedback	 Monthly governance meetings including incidents Demonstrable increase in incident reporting & feedback to staff 		
Ensure policies, guidance and protocols are up to date	 Removal of paper copies (electronic only) Review policy/procedure/guidance through governance meetings 		



Medical Care

Requires improvement	Actions taken / planned
Care records and documentation including risk assessments, care plans and monitoring records	 Weekly audits Nursing handovers include documentation review Senior sister walk round includes documentation review
Ensure appropriate medical care is provided to patients transferred to the RNHRD	 SOP for consultant cover clinically for medical patients staying at the RNHRD Audit of transfer of patients Implementation of ward round check list
Nurse staffing levels and staffing reviews	 Annual skill mix review with Head of Nursing for Medicine, Matrons and Senior Sister to ensure appropriate skill mix / time of shift patterns Established an operational Safer Nurse Staffing Group led by the Lead Nurse for Workforce Development
Ensure staff are aware of the major incident protocol	Major incident training now provided on induction